

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

FILING DATE

09/000301

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5	1		1			
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12	1		1			
13		1		1		
14		1		1		
15		1		1		
16	1		1			
17	1		1			
18		2		2		
19			1			
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
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40			1			
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47						
48						
49						
50						
TOTAL IND.	5		9			
TOTAL DEP.		1		1		
TOTAL CLAIMS	5	1	9	1		

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						